

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

APPLICANT(S)

FILING DATE

10576867

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2			1				52						
3			1				53						
4			1				54						
5				4			55						
6			1				56						
7			1				57						
8			1				58						
9			1				59						
10				4			60						
11				(2)			61						
12				(0)			62						
13				(1)			63						
14			1				64						
15			1				65						
16			1				66						
17			1				67						
18				4			68						
19			1				69						
20			1				70						
21			1				71						
22			1				72						
23				4			73						
24				8			74						
25				8			75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			16				TOTAL IND.						
TOTAL DEP.			35				TOTAL DEP.						
TOTAL CLAIMS			51				TOTAL CLAIMS						